



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4975

<b>SERIAL NUMBER</b> 09/966,856	<b>FILING DATE</b> 09/28/2001 <b>RULE</b>	<b>CLASS</b> 446	<b>GROUP ART UNIT</b> 3712	<b>ATTORNEY DOCKET NO.</b> KNX-100-A	
<b>APPLICANTS</b> Neall Kilstrom, Spanaway, WA; <i>me</i>					
<b>** CONTINUING DATA *****</b> <i>me</i> THIS APPLN CLAIMS BENEFIT OF 60/292,747 05/21/2001					
<b>** FOREIGN APPLICATIONS *****</b> <i>me</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 10/29/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>me</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> WEINER & BURT, P.C. P.O. BOX 186 HARRISVILLE, MI 48740					
<b>TITLE</b> Interactive toy system					
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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## \*BIBDATASHEET\*

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APPLICANTS  
Neall Kilstrom, Spanaway, WA; *mc*

\*\* CONTINUING DATA \*\*\*\*\*  
This appln claims benefit of 60/292,747 05/21/2001 *mc*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *mc*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 10/29/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allwance <i>mc</i> Met after				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS  
WEINER & BURT, P.C.  
P.O. BOX 186  
HARRISVILLE , MI  
48740

TITLE  
Interactive toy system

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